U S Department of Labor Office of Labor Management \
Standards
Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT E			
1 File Number U \(\Gamma\) /0/ <u>28</u>	2 Fiscal Year Covered From 1		
3 Name and address of person filing	4 Name file number and address of labor organization		
Name Donald Pratt	Name Electrical Workers IBEW AFL-CIO LU 567		
	Labor Organization File Number 016-669		
PO Box Bldg Room No if any PO Box 1289	PO Box Building and Room Number if any P O Box 1289		
Street 238 Goddard Road	Street 238 Goddard Road		
City Lewiston	City Lewiston		
State Maine ZIP Code + 4 04240	State Maine ZIP Code + 4 04240		
5 Position in labor organization Executive Board Member			
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent			
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income		
Name	None		
Trade Name if any			
PO Box Bldg Room No If any			
Street	7 b Amount		
City	\$0		
State ZIP Code + 4			
Signature			
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned strowledge and belief true correct and complete (See the section on penalties in the instructions.)			
Signed Donald Pratt	On 8-15 05 667 786-9770 Date Telephone Number		

Name of Person Filing Donald Pratt	File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any)	9 Business deals with		
Name			
Trade Name if any	a Labor Organization b Trust		
PO Box Bldg Room No If any	c Employer		
Street			
City			
State ZIP Code + 4			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name	None		
Trade Name if any	,		
	/		
PO Box Bldg Room No If any			
Street	11 b Approximate dollar value of such dealing	\$0	
City	12 a Nature of interest held or income received		
State ZIP Code + 4	None		
	A. Marian		
	12 b Amount	\$0	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant	14 a Nature of payment		
(including trade name if any)	Filer represents IBEW LU 567 as a Local s pension plan Reimbursemen		
Name Money Purchase Retirement Plan - IBEW LU 567	by filer for mileage for attending and meals associated with attendar	g trustee meeting	
Trade Name If any	annual benefits conference		
PO Box Bldg Room No If any PO Box 1289			
Street 238 Goddard Road			
City Lewiston			
State Maine ZIP Code + 4 04240			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment	\$320	
or congrigue		\$320	